

Name  
in  
Full

David S. Arnold.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Wm Arnold.				
Mother's Maiden Name	Elizibeth Sharpen				
Name of person giving information	P H Arnold				

CAUSES OF DEATH

154

X

Primary

Serious

How long

Immediate

Heart Failure

How long

Sudden.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

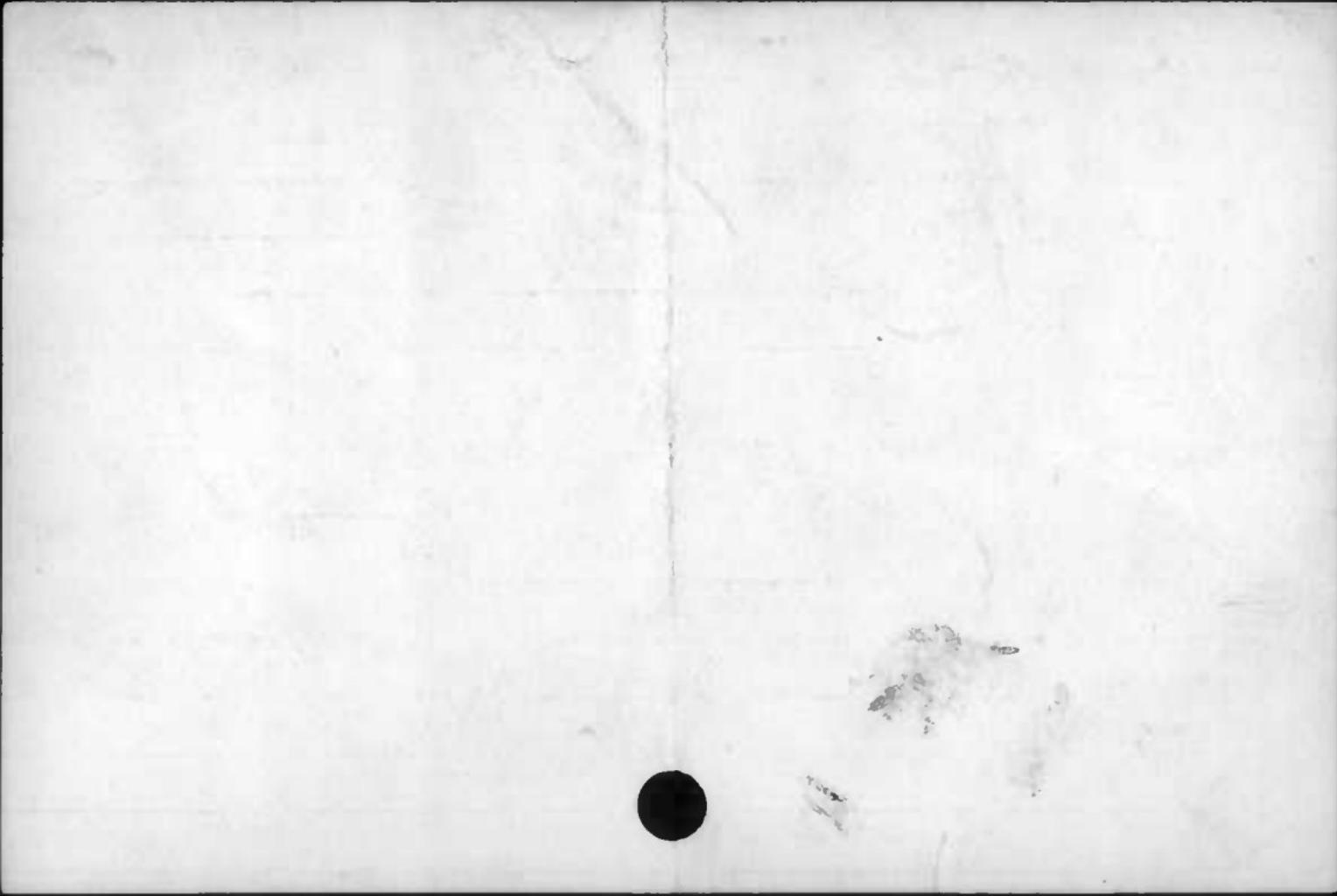
Arnold A. Schen

Address

Egdon Me

No.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Mary Broderick  
Died at West and Garrett

CERTIFICATE OF DEATH

MARYLAND

Died at Month Day Years Month Days

Date of death 1909 Feb 2 Age 61

Sex Female Color or Race White

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband

Father's Name David Wheeler

Mother's Maiden Name Jane Wartmann

Name of person giving Information James Broderick

CAUSES OF DEATH

Primary

Ophthia fibrosis  
asthma

27

How long

X

Two years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. W. McCance  
Oakland,  
Md.

Accident or Suicide

✓



Name  
in  
Full

Dorval Ring Bush

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dorval</u>		County <u>Yorke</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>29</u>	Age <u>✓</u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dorval Md</u>			
Occupation <u>✓</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Ernest Bush</u>	Father's Birthplace <u>Eggar wron</u>				
Mother's Maiden Name <u>Effie Krieg</u>	Mother's Birthplace <u>Eggar wro</u>				
Name of person giving information <u>E. Bush</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pertussis

(8)

X

2 weeks

Immediate

Convulsions

How long

8 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

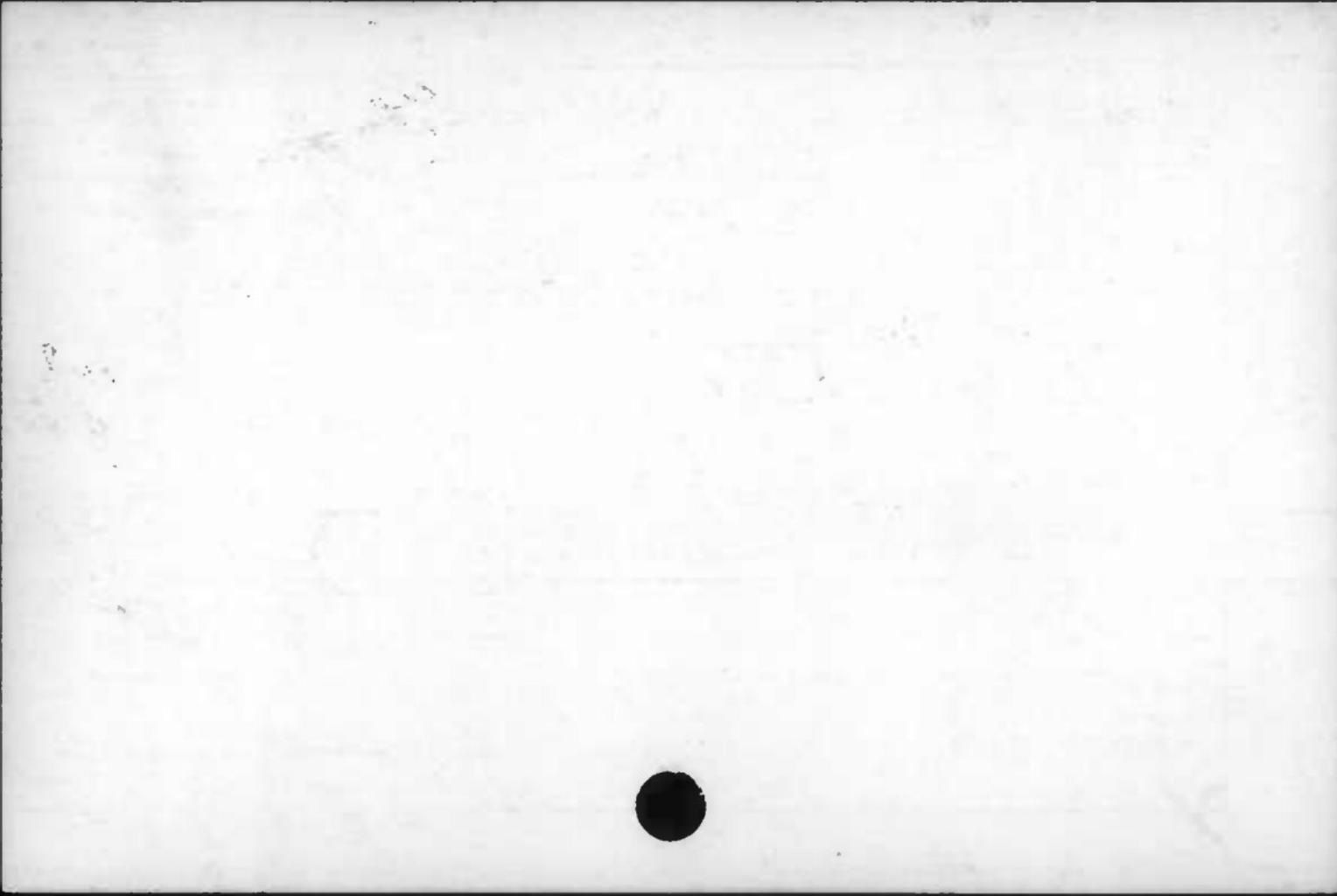
M.C. Dinebaugh

Address

Dorval

MD

Accident or Suicide? ✓



Name  
in  
Full

Orlo Cooper

CERTIFICATE OF DEATH

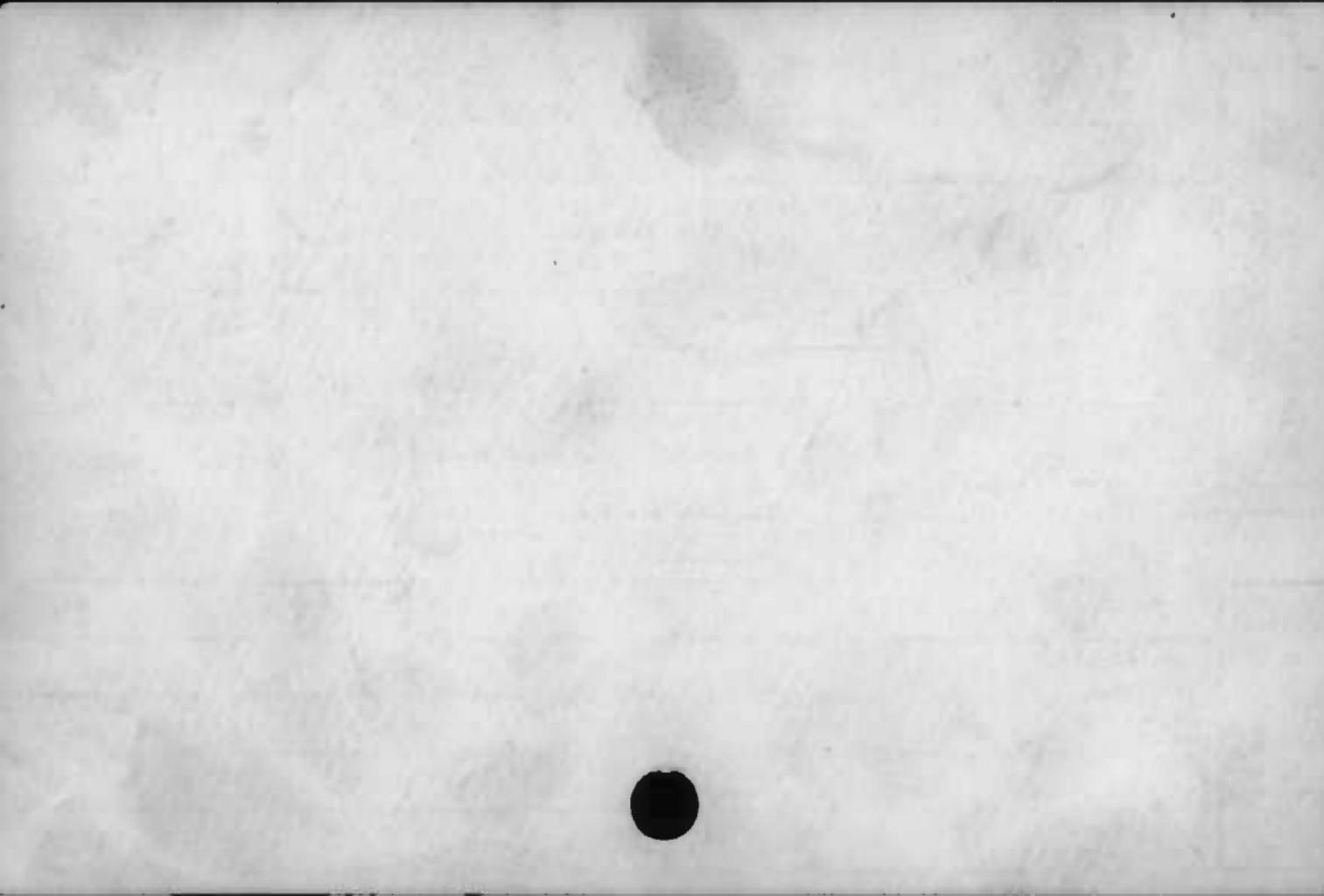
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1909	Month July 19	Day	Years
Sex Boy	Color or Race white	Birth-place Maryland	Months Days
Occupation	Where Residing if not at place of death Maryland		
Married, Single or Widowed	Name of Wife or Husband	Father's Name Alfred Coopers	Father's Birthplace England
Mother's Maiden Name Silda A. Hartmiller	Mother's Birthplace Maryland	Name of person giving information Wm. Deuer	How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Injuries during birth		
Immediate	same.		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Amos A. Schurr
J		Address	Eglow Wa
Accident or Suicide?	No		



Name  
in  
Full

Joseph Henry Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Swanlin Town Town County Garrison MARYLAND  
Date of death 19 Month July Day 21 Years 3 Months 8 Days 30  
Sex Male Color or Race White Birth-place Swanlin, Md  
Occupation

Where Residing if not  
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name

Joseph Davis

Father's Birthplace

Maryland

Mother's Maiden Name

Mary Davis

Mother's Birthplace

Maryland

Name of person giving Information

Mary Davis

How related to deceased

Mother

CAUSES OF DEATH

179 X

Primary

How long

12 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

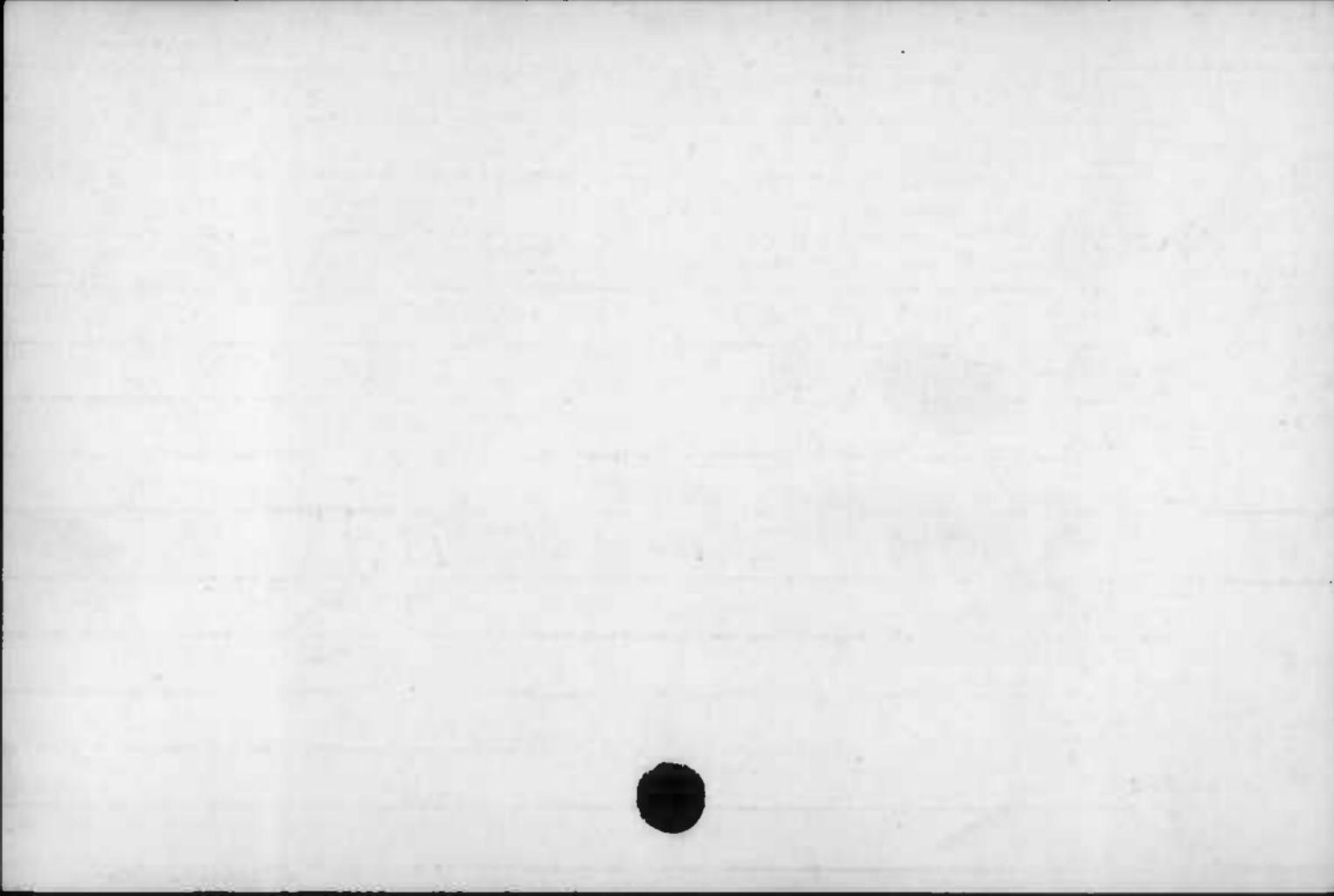
Address

J. S. Howell

Registration Officer for  
Garrett Co.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Lena A Grantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Kendal

County

Garrett

MARYLAND

Date  
of death

1909

Month  
July

Day  
18

Years  
—

Months  
7

Days  
28

Age  
—

Sex  
Female

Color or  
Race  
White

Birth-  
place  
Maryland

Occupation  
—

Where Residing if not  
at place of death  
—

Married, Single  
or Widowed  
Single

Name of Wife or  
Husband  
—

Father's  
Name  
George A Grantz

Father's  
Birthplace  
Md

Mother's  
Maiden Name  
Anna M. Bidinger

Mother's  
Birthplace  
Md

Name of person giving  
Information  
George A Grantz

How related  
to deceased  
Father

CAUSES OF DEATH

Primary

Inflammation of Bowels  
Spasms

105

X

How long

3 dayo

Immediate

How long

3 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. J. Mason M.D.  
Freudsville  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

Orellan Wm Wm

Name  
in  
Full

Mrs Hesterah Bass

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Oakland Town Garrett County MARYLAND

Date Died 1907 Month July Day 19 Years 49 Months  Days

Sex Female Color or Race White Birth-place Pa

Occupation Hair Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Frank Bass

Father's Name Wm Oliver Father's Birthplace Pa

Mother's Maiden Name Jane Astley Mother's Birthplace Pa

Name of person giving Information Frank Bass How related to deceased Husband

CAUSES OF DEATH

Primary Diabetes Mellitus Age 50 X  
Long time

Immediate Diabetic Coma How long 8 hours

Are the name, age, sex, color, date and place correctly given above ?

Signature of Physician

Address

PHYSICIAN  
OR CORONER

J

Accident or Suicide



Name  
in  
Full

Hazel Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Barker Town Garnett County MARYLAND  
Date of death 1909 Month July Day 6 Age 2 Years  
Sex Female Color or Race white  
Occupation  Where Residing if not at place of death Garnett Co

Married, Single or Widowed ✓

Name of Wife or Husband ✓

Father's Name

John A. Green

Father's Birthplace

Garnett Co

Mother's Maiden Name

Alda Broadwater

Mother's Birthplace

Garnett Co

Name of person giving Information

Arch Russel

How related to deceased

Uncle

CAUSES OF DEATH

Primary

Dysentery

14

X

Immediata

5 days

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

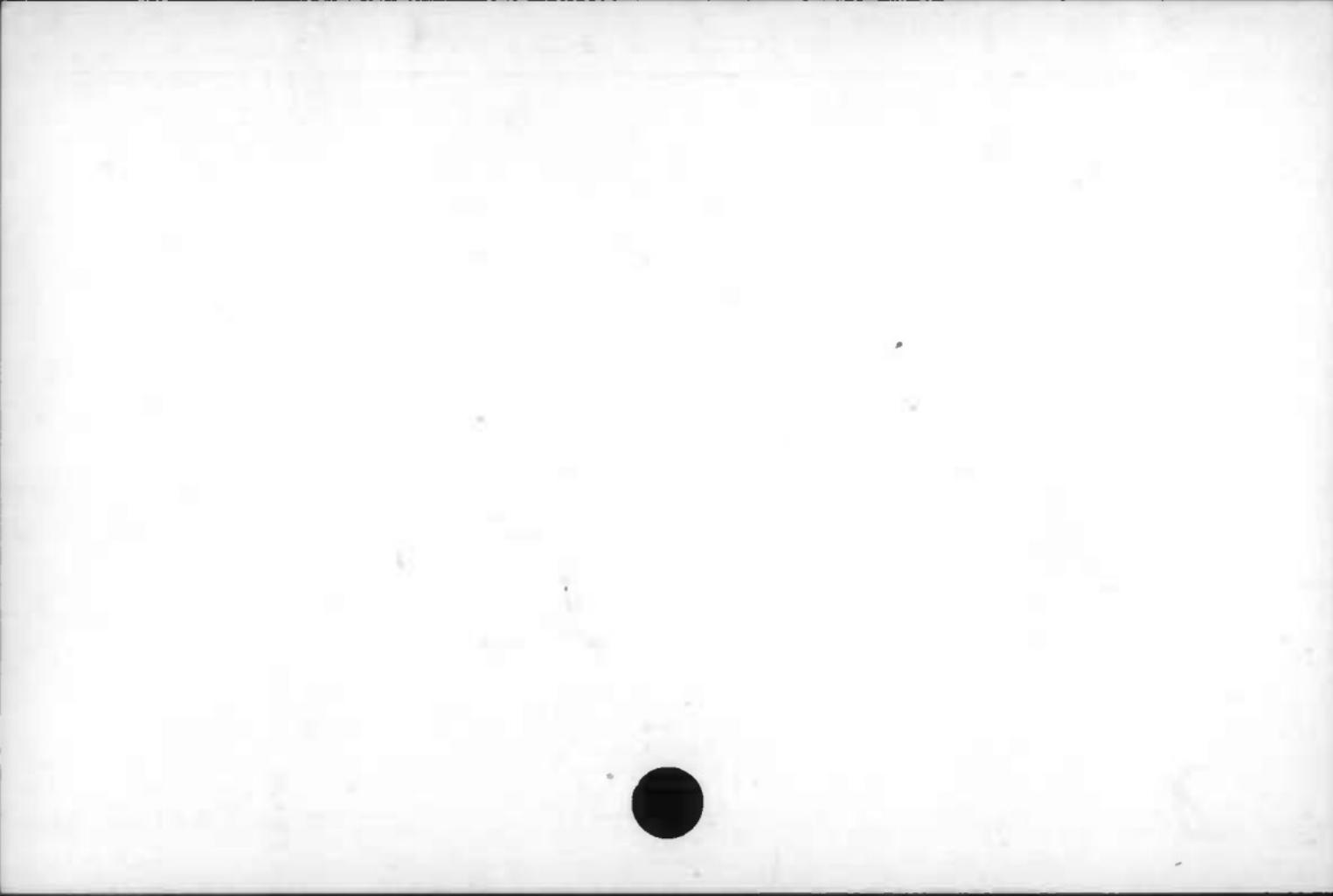
Signature of Physician

Address

S. A. Bantin  
Banton Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

James Jennings Hicebaugh

CERTIFICATE OF DEATH

Died at Oakwood Town

County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1909	July	27	18	5	16
Sex	Color or Race	White			
male		Birth-place Oakwood			

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William Hicebaugh

Father's  
Birthplace

Baltimore, Md

Mother's  
Maiden Name

Mallie Martin

Mother's  
Birthplace

Oakwood Md

Name of person giving  
Information

W.G. Hicebaugh

How related  
to deceased

Foster

CAUSES OF DEATH

Primary

Enter Colitis

105

X

3 hours

Immediate

Pneumonia

How long

10 hours.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

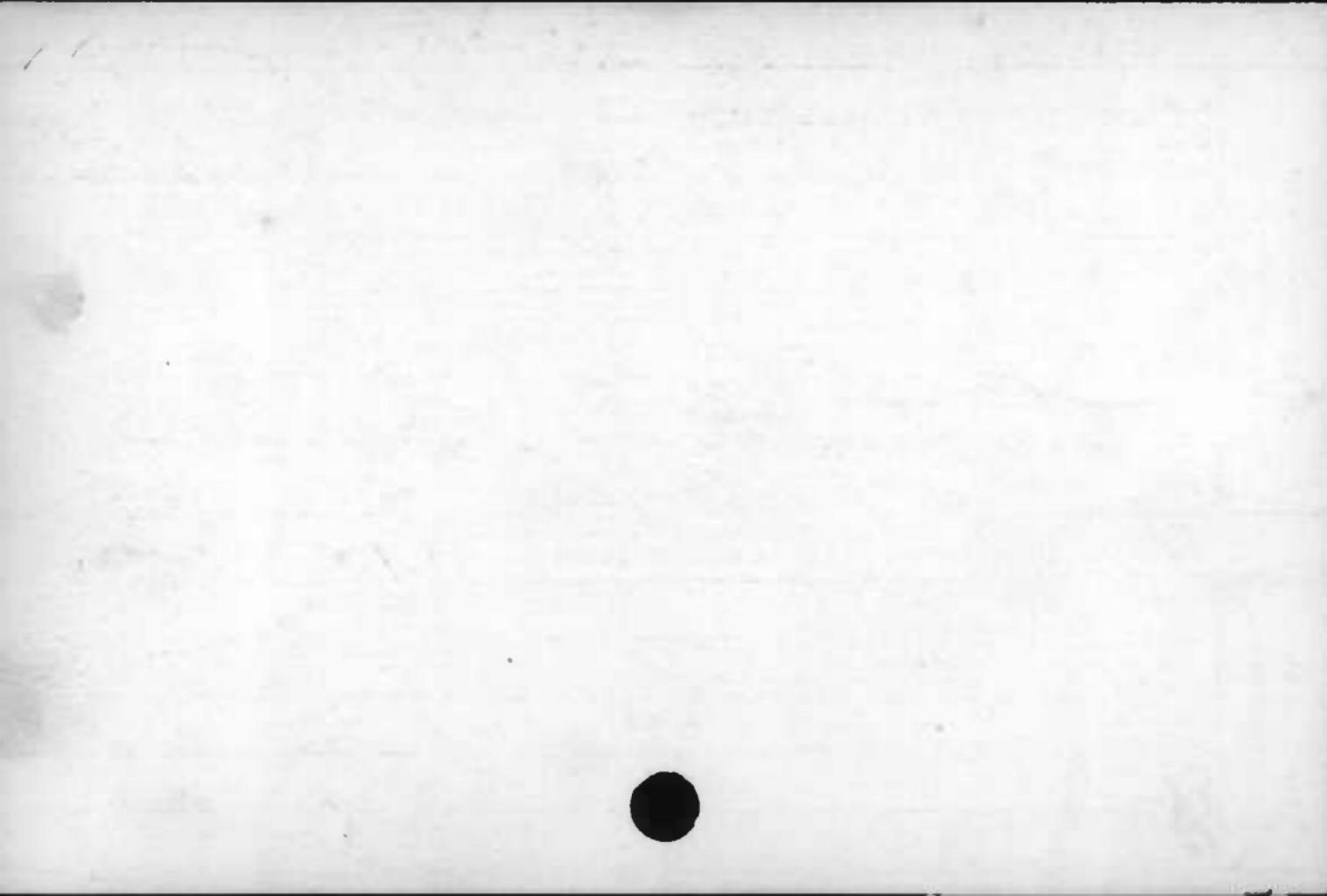
M.C. Hicebaugh

Address

Oakwood

g

Accident or Suicide?



Name  
in  
Full

Moses Lipscomb

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Montgomery.			
Father's Name	James Lipscomb.			Father's Birthplace	W. Va.
Mother's Maiden Name	Margaret Foster.			Mother's Birthplace	W. Va?
Name of person giving information	J. P. Lipscomb			How related to deceased	Son.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Sterility

154

X

How long

Immediate

Heart Failure

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Arnold A Scher

Address

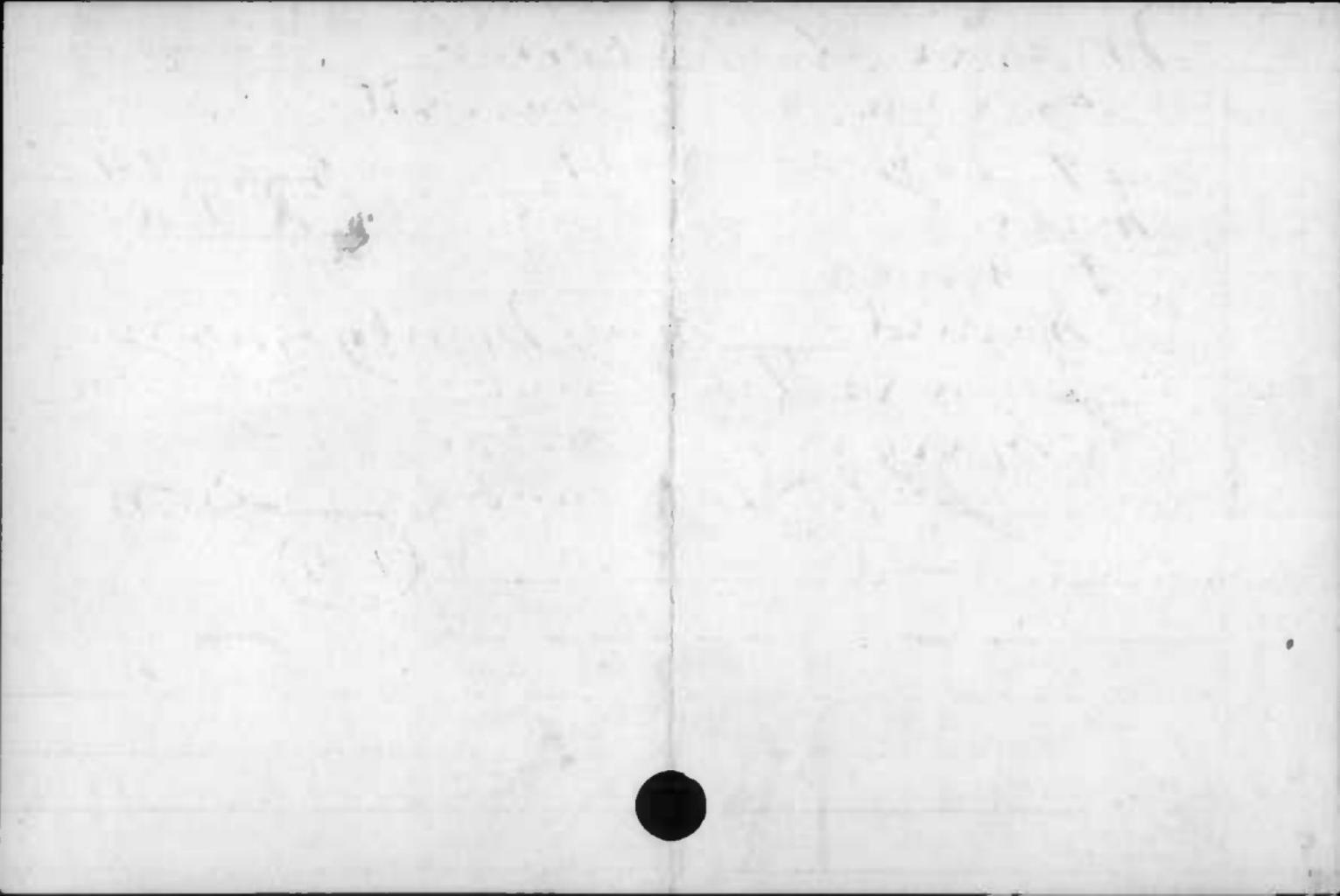
Egion

8

No

Accident or Suicide?

WVa



Name  
in  
Full

Andrew J. Pysell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Deer Park Garrett County MARYLAND  
Town Month Day Years Month Days  
Date of death 1909 July 5 79 9 11  
Sex Male Color or Race White Birth-place Pa  
Occupation Farmer Where Residing if not at place of death Deer Park  
Married, Single or Widowed Married Name of Wife or Husband Mary E. Pysell  
Father's Name John Pysell Father's Birthplace \_\_\_\_\_  
Mother's Maiden Name Do you t know Mother's Birthplace \_\_\_\_\_  
Name of person giving Information Chas W. Pysell How related to deceased Son

CAUSES OF DEATH

Primary

Chronic nephritis

120

X

Immediate

Asthma

How long

2 yrs

Are the name, age, sex, color, date and place correctly given above?

Yes

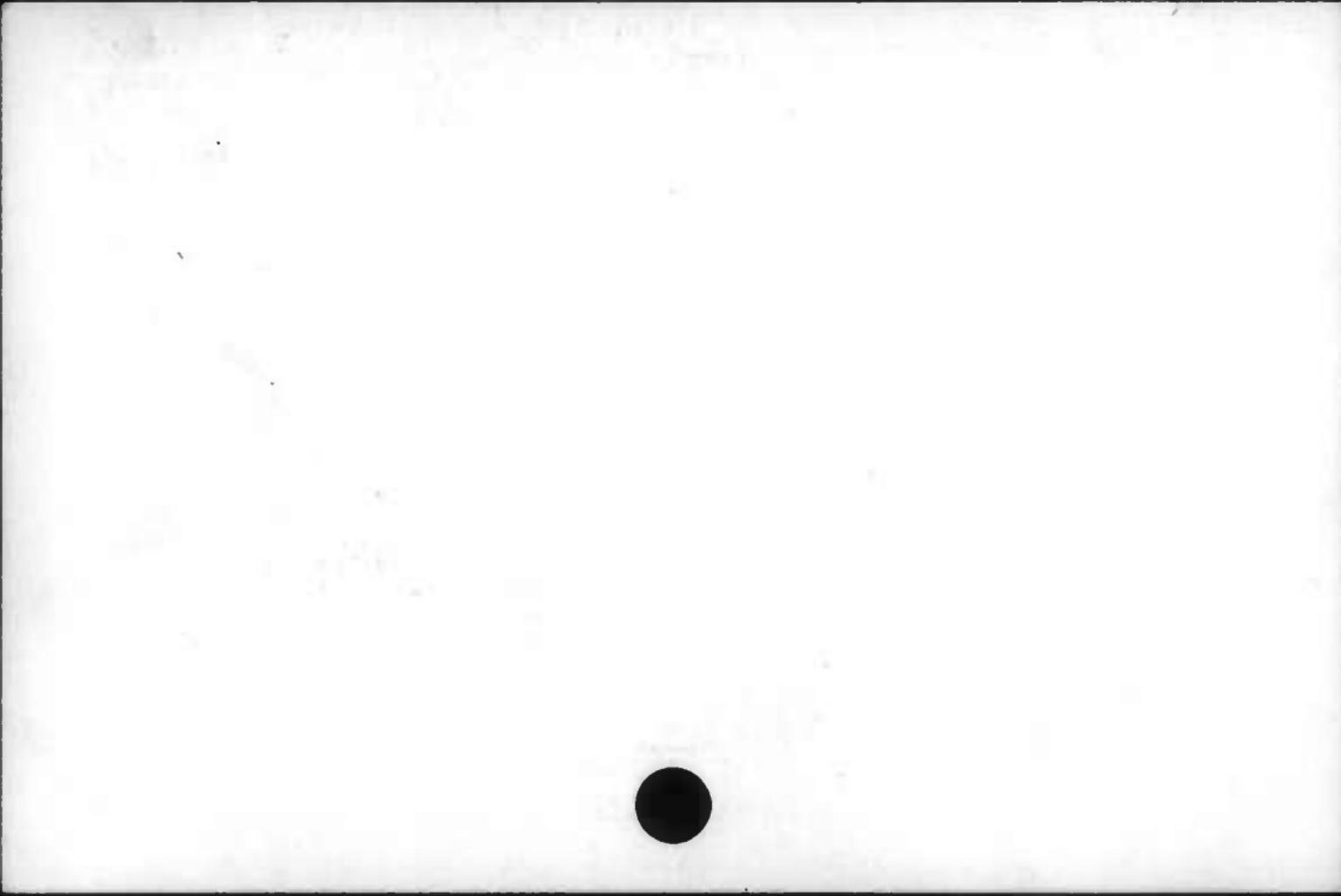
Signature of Physician

Address

H. W. McCormac  
Oakland  
Md

Accident or Suicide

✓



Name  
in  
Full

Burt Welch

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	July	17	15	11	28	
Sex	Color or Race	Age		Birth-place		
Male	White			Maryland		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Single						
Father's Name	James Welch			Father's Birthplace	Va	
Mother's Maiden Name	Lillie B Landermilk			Mother's Birthplace	Md	
Name of person giving information	James Welch			How related to deceased	Father	

CAUSES OF DEATH

(166)

Primary	Injury crushed on hand	How long	1 day
Immediate	Repture of Stomach	How long	1 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. J. Mason MD
		Address	Frederickville Md.
Accident or Suicide?			

Sang Kun